



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/15

CONDITIONED AIR CONTRACTORS REINSTATEMENT APPLICATION FOR LICENSE LAPSED MORE THAN THREE (3) YEARS

••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff.

SECTION 2: QUALIFYING LICENSEE REGISTRATION

All applicants must indicate if they will serve as a qualifying licensee for a conditioned air company. Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and actually engaged in the performance of such business. Please review O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

SECTION 3: EXPERIENCE RECORD

List your employer information beginning with your current employer. Licensee name and license number must be listed in addition to the dates of employment and a brief description of your duties. Please review the experience requirements under Board Rule 121-2-.03.

SECTION 4: REFERENCES

Three **(3) notarized original reference forms** from professionally licensed persons (architect, engineer, inspector, or licensed conditioned air contractor) who have knowledge of your conditioned air work experience are required. No copies will be accepted, as the form must include the notarized original signatures. A copy of a cover letter that can be provided to references is included in this application. Have each reference return the Reference Form directly to you, in a sealed envelope with a signature across the back flap to ensure against tampering, and include all envelopes with your application. You may make additional copies of this form as needed.

SECTION 5: EDUCATION

All examination applicants must include a copy of a certificate of a Board approved heat loss and gain and duct design course from a board approved provider OR show they have completed ACT107 on a school transcript from a Georgia vocational/technical school. Diplomas or certificates from out of state schools will need to submit additional documentation that course requirements meet the board rule for heat loss and gain and duct design. Class 2 non-restricted applicants in addition must provide proof of having completed a board approved course for Manuals N&Q or Carrier Design 1,2,3. See separate list of course providers. All applicants must also submit a copy of their EPA card showing Type II or higher certification.

Submit only certificates showing you have completed a vocational/technical school program or copy of a diploma in Engineering Technology or related electrical field. If you have completed a diploma or certificate program through a Georgia vocational or technical school, submit a transcript. Please review Board Rule 121-2-.03(4).

SECTION 6: PERSONAL HISTORY

All questions must be answered. **All applicants should submit a background check with application.** This can be obtained by going to your local law enforcement office or through a private background check agency. If you answer "yes" on the conviction question, you must submit the requested **certified** documentation.

SECTION 7: APPLICANT AFFIDAVIT

Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.

All applicants are required to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. See O.C.G.A. § 50-36-2.

LAW AND RULES

Read the law and rules thoroughly before completing the application. See the complete law and rules on the website: www.sos.ga.gov/index.php/licensing/plb/15. You are responsible for knowing the laws and rules for your profession.

VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a copy of the DD-214 form.

APPLICATION STATUS

To check the status of your application, visit www.sos.ga.gov/index.php/licensing/plb/15. Click on the tab, ONLINE SERVICES, then select APPLICATION STATUS.

KEEP A COPY OF YOUR APPLICATION MATERIALS.

All original materials will be retained by our office and will not be returned to you.

FEES

A **\$150.00 non-refundable application fee** by check or money order payable to Georgia Construction Industry Licensing Board must be included with this application. MAIL APPLICATION TO THE BOARD IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.

DEADLINES

The application and exam deadline dates can be viewed on the website: www.sos.ga.gov/index.php/licensing/plb/15

▪ Prior to the Examination

A complete application along with the required **FEE** and **DOCUMENTS** must be received in the Board office at the address listed above prior to the **application deadline as listed on the Board website. If there are any deficiencies in the application submitted you will be notified in writing by e-mail if an e-mail address is provided. Otherwise notification of deficiencies will be sent by regular mail. Please be advised deficient applications will delay the application process.**

▪ Approval to sit for the Exam

An approval letter will be sent by the Board to applicants who are approved to sit for the exam. If approved, AMP (testing vendor) will provide you a Candidate Information Bulletin, which includes an outline of topics covered in the examination. **Applicants are responsible for submitting a scheduling form and correct fee to AMP by the posted deadline. The deadline dates are available on the board website.**

▪ Approximately 2 Weeks Prior to the Examination

You will receive an Admission Notice from AMP, giving the date and location of the examination, as requested on the AMP-GA05 form. If you received an approval letter from the Board, but do not receive an admission notice, **Contact AMP at (800) 345-6559.**

▪ Within 2-3 weeks after the Examination results are received

Examination results will be sent to applicants by AMP. Applicants who failed the exam will also receive a new Examination Scheduling Form from AMP to apply for another examination date. Applications are valid for 12 months, and applicants who have not passed the exam after that time will be required to submit a new exam application and fee to the board.



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237 Coliseum Drive, Macon, GA 31217-3858
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Date Entered _____
Receipt # _____
Submitted \$ _____
Date Issued _____

APPLICATION FOR CONDITIONED AIR CONTRACTOR REINSTATEMENT BY RE-EXAMINATION

FOR LICENSE LAPSED MORE THAN THREE (3) YEARS

Application Fee \$150.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: ☐ Class 1 Restricted #CR _____ expired: _____
☐ Class 2 Non Restricted #CN _____ expired: _____

Method Obtained by: ☒ Reinstatement by re-examination

SECTION 1: PERSONAL INFORMATION

1. Legal Name to Appear on License: _____
FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security#: [][][] - [][] - [][][][][][] Date of Birth: [][] - [][] - [][][][][][]
M M D D Y Y Y Y

4. Physical Address: _____
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET APT#

CITY STATE ZIP

5. Mailing Address: _____
(if different) NUMBER AND STREET OR P.O. BOX APT#

CITY STATE ZIP

6. Daytime Phone#: [][][] - [][][] - [][][][][][] Business or Cell Phone#: [][][] - [][][] - [][][][][][]

7. Email Address: _____

8. ☐ I am requesting Veterans' Preference Points and have attached a copy of my DD-214.

SECTION 2: QUALIFYING LICENSEE REGISTRATION

Applicant Name:

Every company engaging in the business of conditioned air contracting in Georgia must have a qualifying licensee regularly connected with the business and actually engaged in the performance of such business on a full-time basis. Please indicate below if you will serve as a qualifying licensee for a company:

☐ I am **NOT** serving as a qualifying licensee for a conditioned air company.

OR

☐ I am serving as a qualifying licensee for a conditioned air company.

Please indicate below if the company you are qualifying is a sole proprietorship, corporation, or partnership.

I further understand that by serving as the qualifying licensee for a business entity that I am subject to the terms and conditions of O.C.G.A. §43-14-8(h)-(j) and Board Rule 121-6-.01.

☐ **SOLE PROPRIETORSHIP**

Company Name:

Physical Address:
(not a PO Box)

Mailing Address:
(if different)

City, State, Zip:

City, State, Zip:

☐ **LIMITED LIABILITY COMPANY OR CORPORATION**

Company Name:

Physical Address:
(not a PO Box)

Mailing Address:
(if different)

City, State, Zip:

City, State, Zip:

☐ **PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP**

Company Name:

Physical Address:
(not a PO Box)

Mailing Address:
(if different)

City, State, Zip:

City, State, Zip:

SECTION 3: EXPERIENCE RECORD

Applicant Name:

- Applicants for Class I (restricted) license must show at least **four (4) years** of installation experience.
- Applicants for Class II (non-restricted) license must show at least **five (5) years** of experience installing systems exceeding 175,000 BTU of heating and 5 tons of cooling.
- Describe briefly, but concisely, the conditioned air work you performed, your duties, and degree of responsibility. See **Board Rule 121-2-.03** for a description of the experience requirements.
- Please make additional copies as needed for additional employers.

SPECIFY WORK RELATING TO CONDITIONED AIR DUTIES – BEGIN WITH PRESENT EMPLOYMENT

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Job Title:
City, State, Zip:	Supervisor's Conditioned Air Contractor License#
Employer Phone#	Applicant's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below conditioned air duties were performed:
Description of Conditioned Air Duties:	

Employer Name:	Supervisor Name:
Employer Address:	Supervisor's Conditioned Air Contractor License#
City, State, Zip:	Supervisor's Job Title:
Employer Phone#	Applicant's Job Title:
Dates Employed From: To: (mo/yr) (mo/yr)	Approximate total number of hours per week the below conditioned air duties were performed:
Description of Conditioned Air Duties:	

SECTION 4: REFERENCES

Applicant Name: _____

Attach **three (3)** completed, **notarized** reference forms from professionally licensed persons (architect, engineer, inspector, or licensed conditioned air contractor) who have knowledge of your conditioned air experience and list their information below.

Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	License Type: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	License Type: _____
Name: _____	Telephone# _____
Address: _____	Professional License# _____
City, State, Zip: _____	License Type: _____

SECTION 5: EDUCATION

- ☐ YES ☐ NO 1. Have you received a diploma in Engineering Technology or a certificate for completion of a vocational-technical school program? **If YES**, attach a copy of diploma or certificate.
- ☐ YES ☐ NO 2. Have you completed the required EPA training (Type II or higher)? **If YES**, attach a copy of EPA card.
- ☐ YES ☐ NO 3. Have you completed the required heat loss & gain and duct design course or ACT107 course? **If YES**, attach a copy of certificate or transcript.
- ☐ YES ☐ NO 4. Have you completed the Manuals N&Q or Carrier Design 1,2,3 course as required for Class 2 non-restricted license? **If YES**, attach a copy of certificate or transcript.

SECTION 6: PERSONAL HISTORY

- ☐ YES ☐ NO 1. Have you ever held a Conditioned Air Contractors' license?
If you answered YES, list the type of license, license number, and name of State Board or Agency:

- ☐ YES ☐ NO 2. Has any licensing board or agency in Georgia or any other state ever: a) Denied your issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?

If you answered YES, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents. Name of State Board or Agency:

- ☐ YES ☐ NO 3. Have you attached a copy of your criminal background check?
- ☐ YES ☐ NO 4. Have you ever been arrested, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)

If you answered YES, you must submit the following:
a) Submit a letter of explanation for each offence and **certified** copy of final court disposition from the county(s) in which you were arrested/convicted. Each court document should include the charges and sentencing information.
b) Probation/Parole - Submit a statement (on official letterhead) from your probation / parole officer regarding your current status. If probation/parole has been completed, submit **certified** documents from the courts verifying case closed and completion of probation / parole.

SECTION 7: APPLICANT AFFIDAVIT

Applicant Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (**CHECK ONE**):

1. _____ I am a United States citizen.

Submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.

2. _____ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Printed Name of Applicant

Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20 _____

NOTARY PUBLIC My Commission Expires:

O.C.G.A. §45-17-6 requires legible seals for notarized documents.
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL



The Office of Secretary of State Professional Licensing Boards Division

Brian P. Kemp
SECRETARY OF STATE

Lisa W. Durden
DIVISION DIRECTOR

Dear Sir or Madam:

The applicant (individual) named on the following form is applying for an Conditioned Air Contractor license in the state of Georgia and is required to furnish evidence of his or her ability, experience and professional skills in the field by submitting references from three professional licensees attesting to his or her qualifications. *The references may only be from a Registered Architect, Professional Engineer, City or County Inspector or Licensed Conditioned Air Contractor.* These references must have worked directly with the individual on conditioned air projects where the applicant was responsible for the installation, design and the supervision of entire projects.

The Division wishes to point out that the statements must be from personal knowledge, made with the full realization of the responsibility toward the public, and not made for the mere purpose of aiding the applicant. In view of this responsibility, the Division requests your cooperation by answering truthfully, carefully and completely the questions printed on the reference letter form. It is unlawful to make false statements regarding an applicant's experience. Please be assured that the information you furnish will be treated as confidential and will not be released without specific authorization by the Division. The Board requests that you do not let the applicant see your answers or comments and that you do not otherwise communicate the results of your evaluation.

Please fill out all information on the following reference form and have it notarized. The Board prefers that you mail this original notarized form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Conditioned Air Contractors Division at 237 Coliseum Drive, Macon, GA 31217, please make a blank copy of this form and mail it back to the applicant, then mail the completed form to the board.

Sincerely,

State Construction Industry Licensing Board
Conditioned Air Contractors Division



GEORGIA CONSTRUCTION INDUSTRY LICENSING BOARD

Division of Conditioned Air Contractors

237 Coliseum Drive, Macon, GA 31217

478-207-2440

www.sos.ga.gov/index.php/licensing/plb/15

REFERENCE FORM

Applicant Name: _____

Your name (please print): _____

Address: _____ Phone# _____

City, State, Zip: _____ Fax# _____

1. What is your profession? ☐ Architect - License# _____ ☐ Inspector - Issuing Authority: _____

☐ Engineer - License# _____ ☐ Conditioned Air Contractor - License# _____

2. Describe your connection with the applicant that gives you personal knowledge of his or her experience and knowledge of conditioned air contracting: _____

3. Based on personal knowledge described above,
does the applicant possess sufficient knowledge to:

Residential

Yes

No

Commercial

Yes

No

No direct knowledge

Calculate heat loss and gain

☐☐☐☐☐

Design duct systems

☐☐☐☐☐

Install complete CA systems

☐☐☐☐☐

Supervise installation of complete CA systems

☐☐☐☐☐

Service CA systems

☐☐☐☐☐

Make electrical connections to CA equipment

☐☐☐☐☐

4. From personal knowledge, list three (3) jobs for which the applicant was totally responsible from the plan development to system start up. Please list the job address, the type and size of conditioned air system for each.

	Job Address	Type	Size
1)			
2)			
3)			

5. Do you know anything reflecting adversely on the applicant's integrity or general good character? ☐ YES ☐ NO

If YES, explain: _____

I certify that the above statements are true & correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

____ DAY OF _____, 20 ____

NOTARY PUBLIC My Commission Expires:

Reference Signature